

PROMISING PRACTICES IN HOME AND COMMUNITY-BASED SERVICES

Minnesota -- American Indian Tribe Providing Assessment and Case Management for Home and Community-Based Waiver Services

Issue: Increasing Access to Long-Term Care Services on Indian Reservations

Summary

The State of Minnesota contracts with the White Earth Nation to provide functional eligibility determination and case management for Medicaid and state-funded home and community-based services for seniors. Tribal staff report their members are more likely to use the services when they can access them through familiar tribal health services. The federal government pays 100% of costs for Medicaid services provided by tribes and tribal organizations.

Introduction

Access to home and community-based services (HCBS) is increasingly important for American Indian and Alaska Natives, including the rapidly growing population of indigenous elders. The number of American Indians age 65 and older increased over 21 percent in the 1990s, while overall this age group increased 12 percent.

The State of Minnesota and the White Earth tribe, part of the Minnesota Chippewa Tribe, worked together to increase long-term care service access and utilization for American Indian seniors. The state contracts with the tribe to determine eligibility for HCBS and to provide case management for older people with long-term care needs on their reservation. These contracts improve access to HCBS by taking advantage of the community's preference to receive assistance from the tribe instead of external agencies. Minnesota is one of a few states where people can access publicly funded HCBS through tribes (Wisconsin and Alaska are two other states.).

This document describes the arrangement between the Minnesota Department of Human Services and the White Earth Nation. It is based on interviews with state staff and tribal representatives, information from state and tribal Web sites, and reports on American Indian and Alaska Native access to HCBS published by the UCLA Center for Health Policy Research and the National Indian Council on Aging.

Background

Minnesotans access publicly funded long-term supports primarily through county social service or public health agencies.¹ Counties provide community support planning as part of the state's preadmission screening program, called Long-Term Care Consultation. County-employed nurses and social workers perform functional eligibility assessments for nursing facility services and for two home and community-based services programs for older people: the Elderly Waiver and Alternative Care. The Long-Term Care Consultants also provide long-term care planning after the assessment to public program applicants and private pay individuals. Counties also typically provide case management to Elderly Waiver and Alternative Care participants.

The Elderly Waiver and Alternative Care programs fund a wide range of services for older people with limited financial resources who require the level of care that a nursing facility provides. The Elderly Waiver is a Medicaid HCBS waiver, while Alternative Care is a state-funded program for older Minnesotans with moderate incomes who have income or assets above Medicaid financial eligibility standards.

¹ In ten counties, Medicaid participants can obtain long-term care services through a managed care organization under a program that combines funding for Medicare and Medicaid services, Minnesota Senior Health Options. This program was not available in the counties that include the White Earth reservation at the time of this publication.

Services available under these programs include case management, home health services, personal care, homemaker services, home delivered meals, adult day care, respite, supplies and equipment, home modifications, transitional services, assisted living, and other certified community residential services. In state fiscal year 2003, the Elderly Waiver served 13,561 people with \$104 million in expenditures and Alternative Care served 11,709 people at a cost of \$76 million.

The White Earth tribe has over 20,000 members, including approximately 4,000 members living on the reservation. The reservation spans three rural northwest Minnesota counties – Becker, Clearwater, and Mahnomen. According to 2000 census data, 44 percent of the over 9,000 people living on the reservation described their race as American Indian, either alone or in combination with other races. Over 1,300 reservation residents, or 15 percent, were age 65 or older.

Intervention

Under the terms of the contract between Minnesota's Department of Human Services (DHS) and the White Earth tribe, the tribal health agency provides an alternative access point for older people who live on the reservation who need home and community-based services.

People on the reservation can choose either the county or the tribe to provide the following:

- Long-Term Care Consultation (both functional eligibility assessments for nursing facility services, the Elderly Waiver, and Alternative Care, and service planning for people regardless of financial status)
- Case management for the Elderly Waiver and Alternative Care
- Financial eligibility determination for the state-funded Alternative Care program

Financial eligibility workers located at county departments of social services still determine a person's financial eligibility for Medicaid. The White Earth tribal health agency and the counties coordinate eligibility determination to ensure timely decisions and provision of service.

Older people living on the White Earth reservation, both members and non-members of the tribe, can learn about home and community-based services from informational materials, acute care providers, the White Earth Home Health Agency, and word-of-mouth. The Home Health Agency, part of the Tribal Health Service, maintains an office on the reservation near tribal headquarters. Many people in the area are familiar with the agency because it provides a wide range of services.

Once a person's eligibility for the Elderly Waiver or for Alternative Care is established, the participant works with the case manager to select his or her services. The participant can choose from providers in the area. According to the tribe, most participants choose to receive services from the tribal home health agency.

Implementation

The White Earth tribe's role in Medicaid and state-funded home and community-based services expanded gradually between 2001 and 2003. First, in 2001 the state amended the authorizing statute for the Alternative Care program to allow any tribe to contract with DHS to provide case management and to manage other aspects of the state-funded program.

The state and tribe soon realized that the tribe also needed a role in eligibility determination in order to improve access. As a result, DHS contracted with the White Earth tribe to provide Long Term Care Consultation in 2002. The state did not enact new legislation but used broad authority in state law that permits the Commissioner of Human Services to contract with tribes for the provision of any service or program under the commissioner's purview.

Providing Long Term Care Consultation enabled the tribe to start the process for people to receive services. However, the tribe still did not provide case management for the Elderly Waiver, for which many seniors on the reservation qualified. Legislation in 2003 specifically authorized a pilot project in which the White Earth tribe provides case management for the Elderly Waiver.

In both 2001 and 2003, DHS included legislation related to tribal management of home and community-based services within the Governor's

human services legislative package. Each year the legislation passed with little controversy. Some staff from area county governments opposed the change, arguing that they were already effectively serving people on the reservation. However, in general the counties were supportive of an expanded role for the tribe.

Tribal staff reported that implementation of its new duties in Long Term Care Consultation, the Elderly Waiver, and Alternative Care went smoothly. Existing tribal and state staff executed the necessary contracts between DHS and the tribe. Long Term Care Consultation staff from nearby counties provided technical assistance regarding assessments and case management. The tribal health system was well-prepared to work on these programs because it already included a licensed, Medicare-certified home health agency that provided home and community-based services for people with long term care needs. Under the new contract, the tribe has expanded these services by adding staff, including a full-time social worker to provide case management.

One of the greatest challenges was establishing the tribe's access to the state's Medicaid Management Information System, which is also used for Alternative Care. Tribal staff needed to access to the system and receive training in order to access information and to input functional eligibility assessments and service plans.

Impact

With services now offered through the tribal health agency, individuals living on the reservation may choose between tribal and county access points, and between tribal and county case management. Offering an on-reservation location staffed by tribal members increased access to services for American

Indians and others living on the reservation. The tribe currently serves 125 people on the Elderly Waiver and Alternative Care.

State staff reported the arrangement with White Earth tribe involved no additional state expenditures. For Alternative Care, the state allocated funds to the tribe out of its annual program budget. Alternative Care is not an entitlement, so serving people on the reservation did not automatically increase total expenditures.

For the Elderly Waiver, the federal government pays 100% of service expenditures. According to a 1996 Memorandum of Agreement between the Indian Health Service and the Centers for Medicare & Medicaid Services (then the Health Care Financing Administration), the federal government pays 100 percent of expenditures for services provided by tribal health service organizations. Previously, the 100 percent federal payment only applied to services if provided through a facility owned or leased by the Indian Health Service. Now the full payment applies to all tribal health organizations with funding authorized by Titles I or III of the Indian Self-Determination and Education Assistance Act. The memorandum is available at <http://www.cms.hhs.gov/aian/moafinal.pdf>.

Contact Information

For more information on the White Earth tribe's role in HCBS, please contact Jolene Kohn at the Minnesota Department of Human Services – (651) 297-3805 or jolene.kohn@state.mn.us – or Pat Butler, Manager of the White Earth Home Health Agency, at (218) 983-3285 or patb@whiteearth.com. Online information about Minnesota's HCBS programs and White Earth services, respectively, are available at http://www.dhs.state.mn.us/main/groups/aging/documents/pub/DHS_id_005990.hcsp and at <http://www.whiteearth.com/>.

One of a series of reports by Medstat for the U.S. Centers for Medicare & Medicaid Services (CMS) highlighting promising practices in home and community-based services. The entire series will be available online at CMS' Web site, <http://www.cms.gov/promisingpractices>. This report is intended to share information about different approaches to offering home and community-based services. This report is not an endorsement of any practice.

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Discussion Questions:

What infrastructure do states and tribes need in place to make similar arrangements?

What outreach methods can states use to reach American Indians and Alaska Natives that do not live on reservations?